CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH Cover Sheet pg 1

			1 ACCOUNT #	2 Total Pages Filed:
The C/OH INSTRUCTION (BUIDE explains how to complete	this form.	(Ethics Commission filers	17
3. CANDIDATE /	MS/MRS/MR	FIRST	MI	DEPICE USE ONLY
OFFICEHOLDER		Addie		Date Received
NAME	NICKNAME	LAST	SUFFIX /	Y
		Wiseman	[c]	
4 CANDIDATE/	ADDRESS /PO BOX;		APT/ SUITE #	
OFFICEHOLDER	PO Bex 6667		\-	
ADDRESS	CITY;	STATE;	ZIP CODE \	Date Hand Inflored or Date Postmarked
Change of Address	Kingwood	TX	77325-6667 ^{\'}	
5 CANDIDATE/	AREA CODE PHONE N	IUMBER EXTEN	SION	
OFFICEHOLDER	281 358-849		3.3.1	Receipt # Amount
PHONE	281 330-048			
6 CAMPAIGN	TITLE	FIRST	М	Date Processed
TREASURER		Ray		
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
,	THO THE	Garcia	0011111	
7 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);		APT/SUITE #;
TREASURER'S	2 Riverdway Ste. 400			
ADDRESS	CITY;	STATE;	ZIP CODE	
(Residence or business)	Houston	TX	77056	
A 0.4404(0)4	AREA CODE PHONE N			
8 CAMPAIGN TREASURER	713 703-36		SION	
PHONE	713 703-30	00		
9 REPORT TYPE	January 16	30th day before ele	ection Ex	ceeded \$500 limit
	X July 15	The day before also		h day after campaign treasurer
,	X July 15	8th day before elec	ap _l	pointment (officeholder only)
		Runoff	Fir	nal report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year		Mo	nth Day Year
				•
	01/01/2006	THROUGH	İ	06/30/2006
	ELECTION DATE	FLEGT	ION TVDE	
11 ELECTION	ELECTION DATE	ELECT	ION TYPE	
	Month Day Year	Primary	Runoff X	General Special
	11/01/2005			
12 OFFICE	OFFICE HOLDER(if any)		13 OFFICE SOUGHT (if known)
12 01 1 10 0	Houston City Council, Dis		Houston City Cou	
	· · · · · · · · · · · · · · · · · · ·			
14 NOTICE	Direct campaign expenditure	es are campaign expenditure	s made by others without the ca	ndidate's prior consent or approvat.
OF DIRECT	Candidates are required to disclose	this information only if they r	eceive notification of the direct of	campaign expenditure
CAMPAIGN	Name			
EXPENDITURE				
BY OTHER				
INDIVIDUALS	Address / PO Box; Apt. / Suit	e #; City; State;	Zip Code	
additional pages				
		GO TO PAGE 2		
		UV IV I NUL 2		

FORM C/OH

CANDIDATE / OFFICEHOLDE	R REPORT:
CHIDDODT & TOTAL S	

P.O. Box 12070

SUPPORT & T	OTALS			Cover Sheet pg 2	
15. C/OH NAME Add	ie Wiseman	1	I6. ACCOUN	「# (Ethics Commission filers)	
17. NOTICE FROM POLITICAL COMMITTEE(S)		of political expenditures by political committees to support the candidate / officer andidate's or officeholder's knowledge or consent. Candidates and officeholders of such expenditures			
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURE NAME			
additional pages		COMMITTEE CAMPAIGN TREASURE ADDRESS			
18 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN NS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED	\$	0.00	
	1	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,702.28	
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZ	ED\$	0.00	
	4. TOTAL POLITIC	\$	16,509.71		
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
19 AFFIDAVIT	<u> </u>				
		I swear, or affirm, under penalty report is true and porfect and increported by me under Title 15, E	cludes all infor		
(A) M	GAŁ DEMPSEY COMMISSION EXPIRES April 28, 2009	Signature of candidate	-M		
AFFIX NOTARY STA	AMP/SEAL ABOVE				
Sworn to and subscr	ibed before me, by the	said DIE WISE This the 17 day			
of Duly	20, to certify v	which, witness my hand and seal of office.			
Signature of officer	administering oath	Print name of officer administering dath Title of officer administering	Tilnietering oat	<u></u>	

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	on Guide explains how to co	mplete this fo	m.					1 To	tal pages Schedule A1
FILER NA	ME							3 AC	CCOUNT #(Ethics Commission file
Addie	Wiseman								
4 Date	5 Full Name of contributor Richard Allen	0	out of state PAC (ID#:)	7	Amount of contribution		g In-kind contribution description (if applicable)
03/02/2006	6 Contributor address;	City;	State; Zip C	ode			100	0.00	
9 Principal or	ccupation (See Instructions)			10	Employer (See Instr	uctio	ns)		
	President				Space Ce				
4 Date	5 Full Name of contributor Andrews & Kurth L.L.		out of state PAC (ID#:)	7	Amount of contribution		a In-kind contribution description (if applicable)
03/02/2006	6 Contributor address;	City;	State; Zip C	ode		1			
							1,000	0.00	
								i	
9 Principal o	ccupation (See instructions)			10	Employer (See Instr	uctio	ins)		
4 Date	5 Full Name of contributor		out of state PAC (ID#:)	7	Amount of contribution		8 In-kind contribution description (if applicable)
aa (aa (aa)	Gerald M. Brady				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0011070000	. 141	,
03/02/2006	6 Contributor address;	City;	State; Zip C	ode			500	0.00	
	1300000								
9 Principal o	ccupation (See Instructions)			10	Employer (See Instr	ructio	ons)		
4 Date	5 Full Name of contributor		out of state PAC	ID#:)	7	Amount of contribution		g In-kind contribution description (if applicable)
00 100 1000	Darryl B. Carter							. (4)	, , , , , , , , , , , , , , , , , , ,
03/02/2006	6 Contributor address;	City;	State; Zip C	ode			25	0.00	
9 Principal o	ccupation (See Instructions)			10	Employer (See Instr	ructio	ons)		
				<u> </u>		_			
	ATT	TACH ADD	ITIONAL COP	ES	OF THIS FORM	I AS	NEEDE	D	
#	contributor is out-of-s								ing requirements.

P.O. Box 12070

SCHEDULE A1 (FOR FORMS CIOH, CIOH-SS, SC-CIOH, SC-SPAC, SPAC, & SPAC-SS)

(512) 463-5800

The Instructi	ion Guide explains how to complet	te this form.			Tot	al pages Schedule A1
FILER NA	\ME				AC	COUNT \$(Etnics Commission Ren
Addie	e Wiseman					
Date	Full Name of contributor	out of state PAC (i	D#:)	Amount of contribution	(2)	In-kind contribution description (if applicable)
00/00/000	CenterPoint Energy PAC			0010100101	`	
03/02/2006	Contributor address;	City; State; Zip C	ode !	1,000	اممد	
		•				
Principal o	ccupation (See Instructions)		Employer (See Instru	ctions)		
Date	Full Name of contributor	out of state PAC (D#:)	Amount of		In-kind contribution
	Enterprise Rent-a-Car	—	,	contribution	(3)	description (if applicable)
04/19/2006	Contributor address;	City; State; Zip C	ode	214	1.28	
				214	•.20	
Principal o	ccupation (See Instructions)		Employer (See Instru	ctions)		
Date	Full Name of contributor	out of state PAC (ID#:)	Amount of contribution		In-kind contribution description (if applicable)
	H A A Better Government F	und		COINTIDUUG	(*)	nescribing (a shbiosis)
03/02/2006	Contributor address;	City; State; Zip C	ode	500	0.00	
	1 Peed					
Principal o	ccupation (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instru	ctions)		
Date	Full Name of contributor	□ out of state PAC (ID#:)	Amount of		In-kind contribution
	Hou Con Pac	,		contribution	(4)	description (if applicable)
03/02/2006	Contributor address;	City; State; Zip C	ode	EΩ	0.00	
	4			500	ا00.د	
ł	7					
Principal o	ccupation (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instru	ctions)		
		<u></u>	<u></u>			
1						

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

	The Instruction Guide explains how to complete this form.					
				AGC	OUNT #(Ethics Commission filers	
FILER NAME Addie Wiseman					•	
			Amount of	<u> </u>	In-kind contribution	
L	out of state PAC	(ID#:)	contribution	(\$)	description (if applicable)	
Hou Con Pac 03/02/2006 Contributor address: Cife	v: State: Zip (?ada		ļ		
03/02/2000 Contributor address; Cit	у; Зиле, 240 (5000	1,000	0.00		
7404						
Principal occupation (See Instructions)		Employer (See Instruc	tions)			
Date Full Name of contributor	out of state PAC	(ID#:)	Amount of		in-kind contribution description (if applicable)	
Houston Galveston	,	,	contribution	(9)	Gescubtion (it subjections)	
03/02/2006 Contributor address; Cit	y; State; Zip (Code	4.0.4			
		į	138	3.00		
Principal occupation (See Instructions)		Employer (See Instruc	tions)			
Date Full Name of contributor	2 and of state BAC	(IDA)	Amount of	Т	In-kind contribution	
LAN-PAC	J out of state PAC	(ID#:)	contribution	(\$)	description (if applicable)	
03/02/2008 Contributor address; Cit	y: State; Zip	Code		1		
	y,,		250	0.00		
D						
House						
Principal occupation (See Instructions)		Employer (See Instruc	ctions)			
Date Full Name of contributor	1 out of state PAC	(iD#:)	Amount of		In-kind contribution	
Linebarger Goggan Blair & Samp		,,	contribution	1 (2)	description (if applicable)	
03/02/2006 Contributor address: Cit		Code				
1			1,000	0.00		
	•					
Principal occupation (See Instructions)		Employer (See Instruc	ctions)	<u> L</u>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

I Desa I Fill Name of Controllor (**) and adjust DAC (IDA)	ca Commission filer ontribution if applicable)
Date Full Name of contributor □ out of state PAC (ID#:) Amount of contribution (\$) David F. Martinez 03/02/2008 Contributor address; City; State; Zip Code	
Date Full Name or contribution (\$) description (David F. Martinez O3/02/2008 Contributor address; City; State; Zip Code	
03/02/2008 Contributor address; City; State; Zip Code	
1,555.55	
HZ	
Principal occupation (See Instructions) Employer (See Instructions)	
	ontribution (if applicable)
03/02/2000 Contributor address; City; State; Zip Code 500.00	
Principal occupation (See Instructions) Employer (See Instructions)	···
François occupatori (occursos)	and the sale of
	ontribution (if applicable)
03/02/2006 Contributor address; City; State; Zip Code 1,000.00	
Principal occupation (See Instructions) Employer (See Instructions)	
	ontribution (if applicable)
03/02/2008 Contributor address; City; State; Zip Code 250.00	
	· <u> </u>
Principal occupation (See instructions) Employer (See instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

(512) 463-5800

The instruction Guide explains how to complete this form.					Total pages Schedule A1	
FILER NA	ME				ACC	COUNT #(Ethics Commission New
Addie	e Wiseman					
Date	Full Name of contributor Winstead Sechrest & Mini	out of state PAC (III)#:)	Amount of contribution		In-kind contribution description (if applicable)
03/02/2006		City; State; Zip Co	de	1,000	0.00	
Principal o	ccupation (See Instructions)		Employer (See Instru	ctions)		
Date	Full Name of contributor Giti Zarinkelk	out of state PAC (II)	Amount of contribution		In-kind contribution description (if applicable)
03/02/2006	Contributor address;	City; State; Ztp Co	de	500	0.00	
Principal o	occupation (See Instructions)		Employer (See Instru	ctions)		
Date	Full Name of contributor	out of state PAC (II	D#:)	Amount of contribution		In-kind contribution description (if applicable)
11	Contributor address;	City; State; Zip Co	ode .			
Principal o	occupation (See Instructions)		Employer (See Instru	ictions)		
Date	Full Name of contributor	out of state PAC (I	D#:)	Amount of contribution		In-kind contribution description (if applicable)
11	Contributor address;	City; State; Zip Ci	xde			
Principal o	occupation (See Instructions)		Employer (See Instru	uctions)	!	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruction	Guide avalaine how to complete this form		1 Total pages Schedule F:
ne instruction	Guide explains how to complete this form.		11
2 FILER NAMI	E		3 ACCOUNT # (Ethics Commission filers)
Addie	Wiseman		
4 Date 05/24/2006	5 Payee name Abbott's Computerized Mailing Service 6 Payee address; City; State; Zip	Code	7 Amount (\$)
	5201 Mitchelldale, # 1310 Houston, TX 77092-		373.98
8 Purpose of ex required.) ma	penditure (See instructions regarding type of information ing service	9 ** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
4 Date	5 Payee name		7 Amount (\$)
0010010000	Advantage Rent a Car 6 Payee address; City; State; Zip	Code	. (#)
06/30/2006		0000	880.69
	8833 Airport Blvd. Houston, TX 77061-		000.03
8 Purpose of ex required.) trav	penditure (See instructions regarding type of information	9 ** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
4 Date	5 Payee name		7 Amount
	American Cancer Society	A.J.	(\$)
05/30/2006	6 Payee address; City; State; Zip	Code	2 500 00
	6301 Richmond Ave. Houston, TX 77057-		2,500.00
8 Purpose of ex	spenditure (See instructions regarding type of information	9 ** Complete if direct expenditure to benefit	t C/OH ** Office held / sought
required.) spo		Candidate / Officeholder name	
4 Date	5 Payee name	<u> </u>	7 Amount
	Artista		(\$)
04/04/2006	6 Payee address; City; State; Zip	Code	
	800 Bagby Houston, TX 77002-		31.82
8 Purpose of ex required.) me	spenditure (See instructions regarding type of information cals	9 ** Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH ** Office held / sought
4 Date	5 Payee name		7 Amount (\$)
0.440,0000	Artista 8 Payee address; City; State; Zip	Code	- (4)
04/13/2006		Coue	31.98
	800 Bagby		31.90
8 Purpose of ex required.) tra	Houston, TX 77002- ependiture (See instructions regarding type of information vel	9 ** Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH ** Office held / sought
4 Date	5 Payee name	·	7 Amount
	Bay Area Republican Women PAC	2017	(\$)
04/01/2006	6 Payee address; City; State; Zip 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-	Code	350.00
8 Purpose of ex required.) Sp	xpenditure (See instructions regarding type of information	g ** Complete if direct expenditure to benef Candidate / Officeholder name	t C/OH ** Office held / sought
		<u> </u>	
	ATTACH ADDITIONAL COP	IES OF THIS FORM AS NEEDED	

	Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME			ACCOUNT # (Ethics Commission filers)
Addie	Wiseman		(Eprica Commission mera)
Date	Payee name Bay Area Republican Women PAC		Amount (\$)
	Payee address; City; State; Zip 0 1314 Sprint Crest Lane Lillian Keeney Seabrook, TX 77586-		15.00
Purpose of exp required.) mer	penditure (See instructions regarding type of information mbership	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name Big Lots		Amount (\$)
02/03/2006	8210 Kirby Drive	Code	25.85
	Houston, TX 77054- penditure (See instructions regarding type of information plies	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name Central Parking Services		Amount (\$)
	Payee address; City; State; Zip 6 600 Jefferson Houston, TX 77002-	Code	166.00
required.) Stor	penditure (See instructions regarding type of information rage Payee name	Cendidate / Officeholder name	Amount
03/02/2006	Central Parking Services Payee address; City; State; Zip (Code	(\$)
	600 Jefferson Houston, TX 77002-		166.00
Purpose of expression required.) Store	penditure (See instructions regarding type of information rage	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
04/03/2006	Central Parking Services Payee address; City; State; Zip (Code	(\$)
	600 Jefferson Houston, TX 77002-	Complete if direct expenditure to benefit	166.00
required.) Stol	penditure (See instructions regarding type of information rage	Candidate / Officeholder name	COOT CHOS HELD / SOUGHL
Date	Payee name Central Self Storage	Cada	Amount (\$)
01/03/2006	Payee address; City; State; Zip 560 Kingwood Drive Kingwood, TX 77339-	Code	166.0
	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought

The Instruction	Guide explains how to complete this form.		Total pages Schedule F
FILER NAM	E		ACCOUNT #
Addie	Wiseman		(Ethics Commission filers)
Date	Payee name Central Self Storage		Amount (\$)
05/02/2006	Payee address; City; State; Zip	Code	
	560 Kingwood Drive Kingwood, TX 77339-		166.00
Purpose of ex required.) sto	spenditure (See instructions regarding type of information prage	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name	- *	Amount
00/00/0000	Central Self Storage	5 77	(\$)
06/02/2006	560 Kingwood Drive	Code	166.00
D	Kingwoood, TX 77339-	** Complete if direct expenditure to benefit	C/OUT the community of
required.) Sto	openditure (See instructions regarding type of information orage	Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
03/06/2006	Clear Lake Area Chamber of Commerce Payee address; City; State; Zip	Code	(\$)
	1201 E. Nasa Rd 1 Webster, TX 77598-		75.00
Purpose of ex required.) UII	rpenditure (See instructions regarding type of information cheon	** Complete if direct expenditure to benefit Candidate / Officaholder name	C/OH ** Office held / sought
Date	Payee name		Amount
04/12/2006	Clear Lake Area Chamber of Commerce Payee address; City; State; Zip	Code	(\$)
	1201 E. Nasa Rd 1 Webster, TX 77598-		150.00
Purpose of ex required.) Spo	penditure (See instructions regarding type of information ponsorship	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name	1	Amount
04/12/2006	Clear Lake ISD Foundation Payee address; City; State; Zip	Code	(\$)
	2425 East Main Street League City, TX 77573-		280.00
Purpose of ex required.) Sp(penditure (See instructions regarding type of information onsorship	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name	<u> </u>	Amount
04/05/2006	Continental Airlines Payee address; City; State; Zip	Code	(\$)
	P.O. Box 1394 Houston, TX 77257-		347.10
Purpose of ex required.) trav	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
•			

The Instruction	Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME			ACCOUNT#
Addie	Wiseman		(Ethics Commission filers)
Date	Payee name		Amount
	Continental Airlines		(\$)
04/06/2006	Payee address; City; State; Zip	Code	
	P.O. Box 1394 Houston, TX 77257-		10.00
Purpose of ex- required.) trav	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit (Candidate / Officeholder name	C/OH ** Office held / sought
Isdansa:) [[8/	/ei		
Date	Payee name		Amount
	Continental Airlines		(\$)
04/12/2006	Payee address; City; State; Zip	Code	
	P.O. Box 1394		174.10
	Houston, TX 77257-		
Purpose of ex required.) tray	penditure (See instructions regarding type of information /el	** Complete if direct expenditure to benefit Candidate / Officetolder name	C/OH ** Office held / sought
Date	Payee name		Amount
	Continental Airlines		(\$)
04/13/2006	Payee address; City; State; Zip	Code	
	P.O. Box 1394		10.00
Durnose of av	Houston, TX 77257- penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) trav	· · · · · · · · · · · · · · · · · · ·	Candidate / Officeholder name	
Date	Payee name		Amount
	Cookies in Bloom		(\$)
05/01/2006	Payee address; City; State; Zip	Code	
	5184 Buffalo Speedway Houston, TX 77005-		40.00
	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
required.) cat	ering	Candidate / Officenolder name	
Date	Payee name		Amount
Date	Doneraki		(\$)
02/07/2006	F 7 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Code	
02/01/2000			190.31
	2836 Fulton		100.01
Purpose of av	Houston, TX 77009- penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) me		Candidate / Officeholder name	
Date	Payee name		Amount
	Doneraki	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(\$)
05/01/2006	Payee address; City; State; Zip	Code	
	2836 Fulton Houston, TX 77009-		71.22
Purpose of ex	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH *** Office held / sought
required.) Cal		Candidate / Officeholder name	
			
1			
	ATTACH ADDITIONAL COP	ES OF THIS FORM AS NEEDED	

(512) 463-5800

POLITICAL EXPENDITURES

Addie V Date D 04/02/2006	Viseman Payee name r. Marty Rose Foundation-Run for Rose Payee address; City; State; Zip 0	Code	ACCOUNT # (Ethics Commission filers) Amount
Addie V Date D 04/02/2006 50 PH Purpose of exper	Payee name r. Marty Rose Foundation-Run for Rose Payee address; City; State; Zip 0	Code	Amount
04/02/2006 50 Pi Purpose of exper	r. Marty Rose Foundation-Run for Rose Payee address; City; State; Zip 0 090 Richmond Ave.	Code	
04/02/2006 50 Pl H Purpose of exper	Payee address; City; State; Zip 0 090 Richmond Ave.	Code	444
50 PH Purpose of expe	090 Richmond Ave.	Jode	(\$)
Purpose of exper			250.00
Purpose of exper	ouston, TX 77056-		250.00
required.) donat	nditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
	tion	Candidate / Officeholder riamé	
Date	Payee name		Amount
E	nterprise Rent-a-Car		(\$)
04/18/2006	Payee address; City; State; Zip (Code	
	905 S. I-35		300.0
	ustin, TX 78744- nditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) trave		Candidate / Officeholder name	
Date	Payee name		Amount
F	lowers by Georgia		(\$)
03/06/2006	Payee address; City; State; Zip (Code	
1: H	818 Waugh Drive louston, TX 77006-1129		58.4
Purpose of expe required.) flowe	inditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH *** Office held / sought
Date	Payee name		Amount
-	lowers by Georgia		(\$)
04/12/2006	Payee address; City; State; Zip	Code	74.0
1. H	818 Waugh Drive łouston, TX 77006-1129		71.3
	enditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
	lowers by Georgia		(\$)
05/24/2006	Payee address; City; State; Zip	Code	
1	818 Waugh Drive louston, TX 77006-1129		111.3
	enditure (See instructions regarding type of information	Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name	<u> </u>	Amount
	Suidry News		(\$)
04/12/2006		Code	
9	926 Broadway Street Galveston, TX 77550-		300.0
	enditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) subs		Candidate / Officeholder name	

chrnond Ste 218 a, TX 77098- See instructions regarding type of information of a name Cty Mayors Co e address; City; State; Zip Main Street e, TX 77571-1562 See instructions regarding type of information e name e Center e address; City; State; Zip Town Center Circle I A. Fuhre , TX 77325- See instructions regarding type of information	Code ** Complete if direct expenditure to benefit Condidate / Officeholder name ** Complete if direct expenditure to benefit Condidate / Officeholder name Code ** Complete if direct expenditure to benefit Condidate / Officeholder name	Amount (\$) 30.00 C/OH ** Office held / sought Amount (\$)
e name county Republican Party e address; City; State; Zip chmond Ste 218 1, TX 77098- See instructions regarding type of information o e name Cty Mayors Co e address; City; State; Zip Main Street e, TX 77571-1562 See instructions regarding type of information e name e Center e address; City; State; Zip Town Center Circle I A. Fuhre TX 77325- See instructions regarding type of information	Complete if direct expenditure to benefit Condidate / Officeholder name Code Code Complete if direct expenditure to benefit Condidate / Officeholder name Complete if direct expenditure to benefit Condidate / Officeholder name	Amount (\$) 1,000.00 7OH ** Office held / sought Amount (\$) 30.00 Amount (\$)
county Republican Party e address; City; State; Zip chrnond Ste 218 a, TX 77098- See instructions regarding type of information ce name City Mayors Co e address; City; State; Zip Main Street e, TX 77571-1562 See instructions regarding type of information e name e Center e address; City; State; Zip Town Center Circle I A. Fuhre , TX 77325- See instructions regarding type of information	Complete if direct expenditure to benefit Condidate / Officeholder name Code Code Complete if direct expenditure to benefit Condidate / Officeholder name Complete if direct expenditure to benefit Condidate / Officeholder name	(\$) 1,000.00 2/OH ** Office held / sought Amount (\$) 30.00 Amount (\$)
A, TX 77098- See instructions regarding type of information of the content of the	Code ** Complete if direct expenditure to benefit Condidate / Officeholder manua Code ** Complete if direct expenditure to benefit Condidate / Officeholder manua	Amount (\$) 2/OH ** Office held / sought 30.00 2/OH ** Office held / sought Amount (\$)
See instructions regarding type of information of the name of the content of the	Code ** Complete if direct expenditure to benefit Condidate / Officeholder manua Code ** Complete if direct expenditure to benefit Condidate / Officeholder manua	Amount (\$) 30.00 C/OH ** Office held / sought Amount (\$)
Cty Mayors Co e address; City; State; Zip Main Street e, TX 77571-1562 See instructions regarding type of information e name e Center e address; City; State; Zip Town Center Circle I A. Fuhre , TX 77325- See instructions regarding type of information	** Complete if direct expenditure to benefit C Centitate / Officeholder meme Code ** Complete if direct expenditure to benefit C	(\$) 30.00 C/OH ** Office held / sought Amount (\$)
Main Street b, TX 77571-1562 See instructions regarding type of information e name c Center e address; City; State; Zip Town Center Circle I A. Fuhre , TX 77325- See instructions regarding type of information	** Complete if direct expenditure to benefit C Centitate / Officeholder meme Code ** Complete if direct expenditure to benefit C	Amount (\$)
See instructions regarding type of information e name e Center e address; City; State; Zip Town Center Circle I A. Fuhre , TX 77325- See instructions regarding type of information	Code ** Complete if direct expenditure to benefit Complete.	Amount (\$) 180.00
e Center e address; City; State; Zip Town Center Circle I A. Fuhre , TX 77325- See instructions regarding type of information	** Complete if direct expenditure to benefit 0	(\$)
I A. Fuhre TX 77325- See instructions regarding type of information		
e name		C/OH ** Office held / sought
		Amount
Airport e address; City; State; Zip	Code	(\$)
Blvd. n, TX 77061-		13.00
See instructions regarding type of information	** Complete if direct expenditure to benefit C Candidate / Officeholder name	J/OH ** Office held / sought
		Amount
	Code	(\$)
		35.00
<u> </u>	** Complete if direct expenditure to benefit C Candidate / Officeholder name	C/OH ** Office held / sought
		Amount (\$)
	Code	(\$)
		50.00
	** Complete if direct expenditure to benefit C Candidate / Officeholder name	C/OH ** Office held / sought
H TH OT (e name n Area Pastor's Council le address; City; State; Zip ox 2606 n, TX 77252- (See instructions regarding type of information le name n Livestock Show & Rodeo	candidate / Officeholder name n Area Pastor's Council le address; City; State; Zip Code ox 2606 n, TX 77252- (See instructions regarding type of information le name n Livestock Show & Rodeo le address; City; State; Zip Code ox 2606 n, TX 77252- (See instructions regarding type of information le name n Livestock Show & Rodeo le address; City; State; Zip Code ox 20070 n, TX 77225- (See instructions regarding type of information ** Complete if direct expenditure to benefit Complete if Complete if direct expenditure to benefit Complete if Complete i

	Guide explains how to complete this form.		Total pages Schedule F
FILER NAM	E		ACCOUNT #
Addie	Wiseman)	(Ethics Commission filers)
Date	Payee name		Amount
	Houston Livestock Show & Rodeo	,	(\$)
02/23/2006	Payee address; City; State; Zip	Code	
	PO Box 20070 Houston, TX 77225-		350.0
Purpose of ex required.) me	penditure (See instructions regarding type of information mbership	Complete if direct expenditure to benefit C Candidate / Officeholder name	Office held / sought
Date	Payee name		Amount
	Houston Professional Republican Women		(\$)
04/12/2006	Payee address; City; State; Zip	Code	
	803 Birchview Court Pearland, TX 77584-		15.00
Purpose of ex required.) me	penditure (See instructions regarding type of information mbership	** Complete if direct expenditure to benefit C cendidate / Officencider name	/OH ** Office held / sought
Date	Payee name	'	Amount
	Hyatt Grand at Washington		(\$)
04/24/2006	Payee address; City; State; Zip	Code	
	1000 H Street N.W. Washington, DC 20001-		1,370.5
Purpose of ex required.) [Od	penditure (See instructions regarding type of information ging	** Complete if direct expenditure to benefit C Candidate / Officeholder name	/OH ** Office held / sought
Date	Payee name		Amount
	Hyatt Grand at Washington	<u> </u>	(\$)
05/22/2006	Payee address; City; State; Zip (Code	
	1000 H Street N.W. Washington, DC 20001-		78.0
Purpose of ex required.) trai	penditure (See instructions regarding type of information /el	** Complete if direct expenditure to benefit C Candidate / Officeholder name	/OH ** Office held / sought
Date	Payee name		Amount
	Hyatt Grand at Washington		(\$)
05/22/2006	Payee address; City; State; Zip (Code	
	1000 H Street N.W. Washington, DC 20001-		23.10
required.) tran	penditure (See instructions regarding type of information /el	** Complete if direct expenditure to benefit C Candidate / Officeholder name	/OH ** Office held / sought
Date	Payee name		Amount
	I.A.H. Parking		(\$)
	Payee address; City; State; Zip 6	Code	
5/22/2006]	52.0
05/22/2006	7007 Will Clayton Parkway Humble, TX 77338-		32.0
Purpose of ex required.) train	Humble, TX 77338- penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit C	_

The Instruction	Guide explains how to complete this form.		Total pages Schedule F:
FILER NAM Addie	E Wiseman		ACCOUNT # (Ethics Commission filers)
Date	Payee name Irma's		Amount (\$)
05/10/2006	Payee address; City; State; Zip (1314 Texas Houston, TX 77002-	Code	55.50
Purpose of ex required.) cal	openditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name Kingwood Area Republican Women		Amount (\$)
02/15/2006	- Tourne	Code	25.00
Purpose of ex required.) Me	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Cendidate / Officeholder name	C/OH ** Office held / sought
Date 02/15/2006	Payee name Kingwood Area Republican Women Payee address; City; State; Zip	Code	Amount (\$)
02/13/2000	P.O. Box 5906 Halene Crossman Humble, TX 77325-		1,000.00
Purpose of ex required.) spe	xpenditure (See instructions regarding type of information onsorship	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name Kiwanis Club of Kingwood		Amount (\$)
02/03/2006	Payee address; City; State; Zip PO Box 5502 Humble, TX 77325-	Code	200.00
Purpose of ex required.) du	xpenditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name Kiwanis Club of Kingwood		Amount (\$)
04/12/2006	Payee address; City; State; Zip PO Box 5502 Humble, TX 77325-	Code	100.00
Purpose of ex required.) du	xpenditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date 05/24/2006	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip	Code	Amount (\$)
	PO Box 5502 Humble, TX 77325-		18.00
	xpenditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought

i ne instruction	Guide explains how to complete this form.	Total pages Schedule
FILER NAM	E	ACCOUNT#
Addie	Wiseman	(Ethics Commission filers)
Date	Payee name	Amount
	Kingwood Project Graduation	(\$)
03/06/2006	Payee address; City; State; Zip	Code
	P.O. Box 5675 Humble, TX 77325-	250
Purpose of ex required.) do	penditure (See instructions regarding type of information nation	** Complete if direct expenditure to benefit C/OH ** Office held / sough Candidate / Officeholder name
Date	Payee name	Amount
	Majic Circle Republican Women	(\$)
04/12/2006	Payee address; City; State; Zip	Code
	2337 Vonderwood Houston, TX 77030-	100
Purpose of ex required.) ad	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit C/OH ** Office held / sough cendidate / Office held / sough
Date	Payee name	Amount
	Marriott Riverwalk	(\$)
06/02/2006	Payee address; City; State; Zip	Code
	101 Bowie San Antonio, TX 78201-	805
Purpose of ex required.) tra	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit C/OH ** Office held / sough Candidate / Officeholder name
Date	Payee name	Amount
	Marriott Riverwalk	(\$)
06/06/2006	Payee address; City; State; Zip	Code
	101 Bowie San Antonio, TX 78201-	268
Purpose of ex required.) trav	penditure (See instructions regarding type of information vel	** Complete if direct expenditure to benefit C/OH ** Office held / sough Candidate / Officeholder name
Date	Payee name	Amount
	McDonalds	(\$)
06/12/2006	Payee address; City; State; Zip (Code
	Kingwood Drive Humble, TX 77339-	4
Purpose of ex required.) me	penditure (See instructions regarding type of information als	** Complete if direct expenditure to benefit C/OH ** Office held / sough Candidate / Officeholder name
Date	Payee name	Amount
	Office Depot	(\$)
05/24/2006	Payee address; City; State; Zip (Code
	U.S. Hwy. 59 North Humble, TX 77339-	55
Dumana of ou	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit C/OH ** Office held / sough Candidate / Officeholder name
required.) Sup		

SCHEDULE F

The Instruction	Guide explains how to complete this form.		Total pages Schedule F:
FILER NAM	E		ACCOUNT#
Addie	Wiseman		(Ethics Commission filers)
Date	Payee name Postmaster		Amount (\$)
03/31/2006	Payee address; City; State; Zip	Code	
	U.S. Postmaster Houston, TX 77002-		180.00
Purpose of ex required.) pos	spenditure (See instructions regarding type of information stage	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
20/00/0000	Republican National Hispanic Assembly TX Payee address; City; State; Zip	Code	(\$)
03/06/2006	3401 Louisiana Street Suite 460 Houston, TX 77002-	Code	125.00
Purpose of ex	openditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) bar	nquet	Candidate / Officeholder name	-
Date	Payee name		Amount
06/05/2006	Restorante Luciano Payee address; City; State; Zip	Code	(\$)
00/03/2000	7400 San Pedro	Code	219.00
	San Antonio, TX 78216-	St Complete & discountry to the state of the	SISTE
required.) me	spenditure (See instructions regarding type of information eals	** Complete if direct expenditure to benefit Cendidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name Sams Wholesale	-	Amount (\$)
05/24/2006	The state of the s	Code	(4)
	13600 East Frwy Houston, TX 77015-		58.28
Purpose of ex required.) sup	penditure (See instructions regarding type of information opplies	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
04/26/2006	Southbelt Ellington Leader Payee address; City; State; Zip	Code	(\$)
	11555 Beamer Rd., Ste. 100 Houston, TX 77089-		587.50
Purpose of ex required.) ad	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office neld / sought
Date	Payee name Southwest Airlines		Amount (\$)
04/17/2006	· · · · · · · · · · · · · · · · · · ·	Code	(♥)
	4005 Airport Blvd. Austin, TX 78722-		234.10
Purpose of ex required.) trans	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH *** Office held / sought
	vel	Candidate / Officeholder name	

Revised 11/05/2003

	Guide explains how to complete this form.		Total pages Schedule F:
FILER NAMI	E		ACCOUNT#
Addie	- Wiseman		(Ethics Commission filers)
Date	Payee name Southwest Airlines		Amount (\$)
04/17/2006		Code	234.10
	4005 Airport Blvd. Austin, TX 78722-		
Purpose of ex required.) trav	penditure (See instructions regarding type of information vel	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
5/24/2006	St. Martha's Catholic Church Payee address; City; State; Zip (Code	(\$)
	2411 Oak Shores Humble, TX 77339-	3000	125.00
Purpose of ex	penditure (See instructions regarding type of information	Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) spc	onsorship	Candidate / Officeholder name	
Date	Payee name		Amount
	Sweet Treat		(\$)
04/12/2006	Payee address; City; State; Zip Code One Allen Center 500 Dallas, Suite T-5		86.80
	Houston, TX 77002-		
required.) Cate	penditure (See instructions regarding type of information ering	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
06/23/2006	Texas Land & Cattle Payee address; City; State; Zip (Code	(\$)
	, , , , , , , , , , , , , , , , , , , ,	Sode	E 4 77
	11900 Dickinson Houston, TX 77089-		54.77
Purpose of expression required.) cate	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought
Date	Payee name		Amount
06/13/2006	UPS Store Payee address; City; State; Zip (Code	(\$)
	6900 San Pedro		23.79
	San Antonio, TX 78216- penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit	C/OH ** Office held / sought
required.) Sup	oplies	Candidate / Officeholder name	
Date	Payee name		Amount
	Westin Riverwalk		(\$)
06/21/2006	Payee address; City; State; Zip C	ode	
	420 W. Market Street San Antonio, TX 78205-		857.88
Purpose of exprequired.) trav	penditure (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate / Officeholder name	C/OH ** Office held / sought